

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15494
4291

FILED MAY 14 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4291

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3122 Pine		d. STREET ADDRESS (If rural, give location) 21 3122 Pine 0	
3. NAME OF DECEASED (Type or Print) a. (First) Juanita b. (Middle) M. c. (Last) Boyce		4. DATE OF DEATH (Month) (Day) (Year) April 22, 1953	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1901
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	9b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Warren		13b. MOTHER'S MAIDEN NAME Rosie -	
14. NAME OF HUSBAND OR WIFE Raymond Boyce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymond Boyce	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertension Cardio-Vascular Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		443X	
22. I hereby certify that I attended the deceased from 1/3 1952 to 4/22 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. J. [Signature]		23b. ADDRESS [Address]	
23c. DATE SIGNED 4/25/53		23d. NAME OF CEMETERY OR CREMATORY Washington Park	
23e. LOCATION (City, town, or county) (State) St. Louis County Mo.		23f. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
23g. ADDRESS 1221 N. Grand		23h. DATE REC'D BY LOCAL REG. APR 27 1953	
23i. REGISTRAR'S SIGNATURE [Signature]		23j. LICENSED EMBALMER'S SIGNATURE [Signature]	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4580

P. O. Address 1221 N Grand

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.